

OBJECT-RELATED VS. NARCISSISTIC DEPRESSION: A Theoretical and Clinical Study

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Depressions are among the most common of psychiatric symptoms and have been the subject of considerable attention in the literature. Recently, though, an appreciation has developed that, despite ostensibly similar symptomatology, depressions can arise out of different genetic histories and reflect different dynamics and structural conflicts. As an appreciation of these differences is essential to an understanding of the patient and to a formulation of the appropriate clinical intervention, this paper will focus on two forms of depression: those which reflect conflicts over object-related drives versus those which reflect conflicts over narcissistic ones.

*Mourning and Melancholia*⁴ introduced one of the first theories of depression. With later modification to accommodate the structural theory, the concepts first formulated in that paper have remained basic for the understanding of depressions and clinically viable to the present. The purpose of that paper was to explain the depressions and the decrease in self-esteem that result from the emotional loss of, and disappointment by, significant objects. The main point was that there is a withdrawal of libido from the object and a reinvestment in a regressive identification with it. Subsequently another part of the ego, later conceptualized as the superego, assumes the anger originally felt toward the disappointing object and displaces it against that part of the ego now identified with the ego. The feeling of worthlessness and loss of self-esteem so characteristic of depression is thought to be a secondary effect, a result of the anger turned inward to attack the internalized object.

Subsequent theorists have begun to question a number of these basic concepts and to conceptualize distinctions between depressive reactions which may have similar behavioral manifestations but reflect

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different psychodynamics. In this process, the concept of depression as reflective of an intersystemic conflict has been challenged, along with the ideas of incorporation and aggression turned against the self. In turn, depressive reactions have been reconceptualized as a basic ego reaction expressing a feeling of helplessness and an inhibition of functioning.

Two forms of depressive reaction reflecting different psychodynamics have coalesced around narcissistic vs. object-related conflicts. They can be compared and contrasted in regard to the patient's degree of individuation, quality of object constancy, and tolerance for ambivalence. In reconceptualizing these differences, this paper will draw on the writings of Bibring, Jacobson, Kohut, and Joffe and Sandler. Specifically, I will describe their positions on these major issues and relate their ideas to the two forms of depressive reaction which will be presented in this paper.

Bibring² and Jacobson^{1,5} both state that the experience of helplessness is basic to the etiology of depressive reactions. Bibring defines a depressive reaction as the emotional expression of a state of helplessness irrespective of what inspired the helplessness and interfered with the maintenance of self-esteem. The helplessness and lowered self-esteem reflect the ego's awareness of its inability to live up to its aspirations. Thus depressive reactions are an intrasystemic conflict within the superego, not an intersystemic one between the id, ego, and superego agencies. Likewise, Jacobson views the conflict as between the ego ideal and the image of the deflated, failing self, which leads to a loss in self-esteem. For her, depression is the ego's awareness of its inability to live up to its ideals.

Both Bibring and Jacobson disavow the role of incorporation and the intersystemic conflict of the superego venting aggression back onto that part of the ego now identified with the disappointing object. According to Bibring, depressive reactions are not related to oral fixations but, if the depressed person is orally fixated, his depression is a re-experiencing of his basic helplessness as an infant. The infant may react to excessive early frustration with the development of a helpless self-representation. A sense of helplessness and a tendency toward depressive reactions could occur, then, at any stage of development, whether it denotes an inability to obtain love (oral), to control impulses (anal), or to compete (phallic).

Bibring and Jacobson disagree on the relationship of aggression

to depressive reactions. Bibring states that aggression is only secondary to the depressive reaction and that the self-reproaches so common in depression are the ego's railing against the weak self for its helplessness. The aggression is only secondary to the loss in self-esteem and does not reflect the inward deflection of the aggression initially felt toward the disappointing object.

Jacobson takes issue with Bibring's minimization of the role of aggression, which deviates from the drive theory's position that all psychic manifestations reflect the expression of the instincts. She believes that aggression results from the frustration of not being able to live up to aspirations and is crucial to the inevitable subsequent hostile deflation of the self-image. However, she still disputes that the aggression turns inward against the incorporated object. In other words, Bibring believes that self-esteem drops because of the ego's perception of its helplessness, while Jacobson believes that the anger at one's frustrated helplessness is inimical to the loss in self-esteem.

In their exploration of the etiology of depressive reactions, both Kohut⁸ and Joffe and Sandler⁶ closely examine the evolution of the ego ideal and its relationship to depressive reactions. They make little reference to aggression and focus not so much on objects that disappoint as on disappointment in achieving fantasized or idealized states that take precedence over maintaining object ties. In other words, objects are important only to the extent that they are incorporated into the fantasy of the idealized state.

Kohut focuses on the development of the ego ideal, and one of his main contributions is the formulation of a normal and separate developmental line of narcissistic structures which ultimately evolve into that part of the superego. (A summary of Kohut's ideas may be found in Ornstein and Ornstein.⁹) He posits that the infantile origins of the ego ideal are found in the idealizing parent imago, which is the projection onto the mother of the reality-endangered omnipotence and grandiosity of the infant's self. The infant retains his belief in his omnipotence through his sense of sharing in his mother's magical powers. If the ensuing and inevitable frustration and disappointment in the mothering figure (who falls far short of the omnipotent fantasy) is experienced in small enough doses, idealizing libido is gradually withdrawn from the idealizing parent imago and employed in the formation of the ego ideal. Conversely, if the disappointment and disillusionment in the idealized parent is too sudden and too

extreme, the relinquishing of the wish for the idealized parent engenders excessive anxiety, and the defense against that anxiety will be a retention of the wish and an endless search for the idealized parent. Thus such a person would feel self-esteem only when, in fantasy, there was a reunion with an object who is experienced as the idealized parent. The real object would be experienced as a self-object.

Parallel to the disagreement between Bibring and Jacobson, Kernberg⁷ takes issue with Kohut's minimization of the significance of aggression in the etiology of depression. He believes that the search for the idealized object does not reflect a fixation at a very early stage of development but, rather, a defense against the aggression and frustrated dependency needs felt toward the disappointing object.

Joffe and Sandler agree with Kohut on the importance of individuation and the ability to tolerate loss and separation. Associated with this process would be the relinquishing of infantile aims and (excessive) dependency on external objects for well being, and the development of reality-adapted ideals. A retreat from individuation and the attendant acceptance of loss and separation would lead one to seek out the old, idealized state, where love is given and received without ambivalence and the risk of disappointment. This concept is similar both to Kohut's idealized parent imago and Freud's state of primary narcissism, and it may develop out of early preverbal experiences, or fantasies and elaborations of those experiences.

From this position, then, a depressive reaction as a particular response to pain would reflect the helplessness in being unable to bridge the gap between an existing state and an unrealistic and not sufficiently reality-adapted one, an idealized state. To the extent that the wished-for state is infantile and not sufficiently differentiated, and to the extent that idealizing libido has not been withdrawn and reinvested in the ego ideal, the loss of the disappointing object will be experienced as the loss of part of the self. According to Joffe and Sandler, the failure to reduce the intolerable "cathexis of longing" may be followed by a depressive reaction as a capitulation to pain and inhibition of ego functioning—that is, helplessness.

In agreement with several of the authors quoted here, I, too, see a feeling of helplessness and inhibition of functioning as fundamental to the depressive reaction. Also deviating from Freud's view in *Mourning and Melancholia*, I question the role of incorporation and aggression turned against that part of the ego now identified with the disap-

pointing object. From this view, it follows that the characteristic decrease in self-esteem is not the result of misdirected aggression, that the self-reproaches are not really meant for another, and that the depressive reaction is not, therefore, an outgrowth of an intersystemic conflict.

Even though the quoted authors were in substantial agreement in disputing Freud's view of the role of incorporation and aggression turned inward, there is disagreement on the significance of aggression in the etiology and treatment of depressive reactions. Thus Bibring, Kohut, and Joffe and Sandler do not see aggression as essential to an understanding of depressive reactions, while Jacobson criticizes Bibring for ignoring the relationship of frustration to aggression and Kernberg disputes Kohut's ignoring the oral rage associated with frustrated dependency needs.

Another point of disagreement is in the importance placed on individuation. Bibring, for example, sees the depressive reaction occurring at any stage of development and essentially unrelated to this concept. For him, the depressive reaction is a fundamental response of the ego to a state of helplessness. Kohut and Joffe and Sandler disagree and place great emphasis on the lack of individuation as basic to a depressive reaction. They see it as an outgrowth of a failure to acknowledge the loss of the all giving, all loving, preambivalent parental imago due to too early severe frustration.

My position is that this disagreement on an important issue stems from the fact that they are describing two different processes, two different forms of depressive reaction. Confusion sets in, first, because similar terminology is being used to describe different processes and, second, because the symptoms of both forms are virtually identical and their etiological differences only become clear upon close examination.

I conceptualize the two forms of depressive reaction as object-related and narcissistic. Again, basic to both is a sense of helplessness and an inhibition of functioning. The essential difference lies in the focus of the helplessness, which in turn reflects differences in the structuralization of the psyche.

The object-related depression reflects a higher level of object constancy in that the feelings toward the object are ambivalent. The object is not only hated for disappointing but also loved for itself beyond its need-satisfying function. In other words, individuation has

proceeded to the point where the object has value in itself and is not experienced as a self-representation. Compounding the dilemma that leads to the feeling of helplessness must be conflict around the expression of aggression, the two most common being the fear of destructive loss of control and the fear of being destroyed in retaliation. Thus, in the service of preserving the anaclitic object tie, the anger is denied expression. However, the inability to express that anger leads to an experiencing of the self as helpless. The depressive reaction, then, reflects this inhibition of ego functioning, this inability to express the aggressive feelings toward the object. The self-reproaches and lowering of self-esteem reflect the patient's self-appraisal as weak and not living up to his own expectations.

In one subject to a narcissistic form of depressive reaction, object relations are characterized by relatively less individuation, object constancy, and tolerance for ambivalence. Due to early severe frustration, the individual has not relinquished the primitive image of an all giving, all loving, preambivalent object, not valued for itself but for its usefulness to the self. The individual with this form of object relation has denied the loss and separation from this infantile fantasy. In the face of disappointment by a significant self-object, when the object does not live up to the idealized fantasy, the fantasy is more likely to be retained than the object. Of course, hostility will be felt toward the disappointing object and it may or may not be expressed, but, unlike the object-related depressive reaction, its expression or lack of it is not the key to an understanding of the narcissistic depressive reaction.

The focus of the helplessness in the narcissistic depressive reaction lies in the inability to maintain the desired relationship with the idealized object. Since the disappointing object is experienced as a self-object, the failure of the object to live up to the idealized fantasy is experienced as a personal failure. Part of the self is experienced as lost, and the key to regaining that part of the self and the accompanying sense of well being is to regain the merger with the idealized object. Thus the sense of the self as helpless, powerless, and inadequate stems from the almost inevitable failure to make the disappointing self-object live up to the idealized object and to restore the wished-for state.

In summary, both object-related and narcissistic depressive reactions reflect a sense of helplessness, but the focus of the helplessness differs. In the object-related depressive reaction, the sense of

helplessness arises out of an inability to express aggression toward the object; in the narcissistic depressive reaction the sense of helplessness arises out of an inability to achieve an idealized state by merging with a self-object.

CLINICAL EXAMPLES

To illustrate the differences between object-related and narcissistic depression, two clinical examples will be presented. They will be compared in terms of genetic development, precipitating events, and appropriate clinical interventions.

A Narcissistic Depressive Reaction

GENETIC DEVELOPMENT. The eldest daughter of a Midwestern family, Miss Gaynor is an attractive, fifty-year-old woman whose presenting complaints revolved around her emotional isolation, especially from men. With few exceptions, each of her suitors were flawed in one way or another, and her relationship with them would eventually flounder and end.

For didactic purposes, I will describe only those genetic details germane to this paper. Her earliest memories focus on her being the center of attention, performing little skits for family and friends. Her first negative memory stems from age four, when her brother was born. He was lying on a rug, the center of attention, while she was off to one side, resentful and wishing him dead. Associated memories to this time reflect feelings of indignation, demandingness, and sadness. When he was two, her brother contracted polio and acquired a limp.

Between the time she was seven and eight, two significant events occurred. First, four cousins and their mother moved into Miss Gaynor's home. She remembers having to take on more responsibility and to share her room. On top of her displacement by her brother, she now received even less attention, and she wished that they would leave. She would pinch her brother and her cousins and make them cry, but this behavior went undetected by her parents. She remembers thinking that she could hurt them and wished that her parents would stop her. Several months later, Miss Gaynor entered the hospital for treatment of a visual disorder and remained for six weeks. While she enjoyed the attention of the nurses and the other children, she re-

sented her parents (who visited every day) leaving after visitor hours were over, and she would imperiously order them out, never to return. When she came home from the hospital, she remembers thinking, "Nothing's changed." From that point on she remained aloof and developed a fantasy that she was a princess and that a prince would one day rescue her.

In this brief history can be seen a lack of phase-appropriate frustration-deprivation and an inability to share the spotlight and accept limitations on attention from others. First, the patient seems to have been the center of attention of her extended family. The first narcissistic injury she remembers occurred with her brother's birth, leaving a narcissistic vulnerability; she felt replaced. Then came the double blow of her cousins moving into her home and her extended hospitalization. Now she really was deprived of attention, and her inability to accept limitations was illustrated by her reaction to the daily separations at the end of the visiting hours; she negated her parents' importance and ordered them to leave. Finally, she thought, "Nothing's changed," probably reflecting the unfulfilled fantasy of regaining center stage, perhaps after being repaired at the hospital. At this point she created the fantasy that she was a princess who would be rescued by a prince, i.e., she would be returned to her former position of prominence by uniting with an idealized figure.

PRECIPITATING EVENT. The stimulus for both forms of depressive reaction is one that elicits a helpless feeling. For Miss Gaynor, it was her lover's failure to live up to her prince fantasy in one of two ways: either his flaws would be exposed to her friends or he wouldn't be as loving as she expected him to be. An important part of her fantasy was that her lover be flawed in some way (one man was an alcoholic, another a homosexual). While she would heal him, no one else must know of his flaw but, rather, see them as the "perfect couple." When their imperfection was revealed to others, for truly she experienced his flaw as hers, she felt wounded and helpless. One example of this exposed flaw was a public spat; another was a flirtation on his part with another woman. Incidents such as these invariably led to a depressive reaction. The depression would be alleviated only upon the re-establishment of the prince-princess fantasy.

CLINICAL INTERVENTIONS. The following excerpts reveal the importance to the patient of regaining and maintaining an infantile, idealized state, the function this fantasy serves for her psychic equilib-

rium, and her conflict around relinquishing the fantasy. Her depression will be permanently resolved only through an internalization of a more realistic evaluation of herself as capable of independence and mastery. For didactic purposes I selected therapy segments that depict greater therapist activity than was usual. This first segment shows the importance of the fantasy:

- PATIENT. The only thing that mattered was that Bill and I had the perfect relationship, that is, that it looked like we had the perfect relationship. I was the princess and he was my prince charming. Weren't we cute? As long as other people thought we were wonderfully happy and in love, it was o.k. When we were with friends, I would always be kissing and hugging him, showing how happy we were. When we were together, I'd do all sorts of idiotic things, cooking and sewing. I hate them but I was playing a part.
- THERAPIST. How important it was to seem such an idyllic couple!
- P. I would do anything. I knew he was weak, but I was going to make him into a prince.
- T. You thought you could make him strong and the prince you wanted.
- P. Oh, yes.

This excerpt has shown Miss Gaynor's wish to make Bill fit into her wished-for prince fantasy. My interventions were intended to clarify that wish.

In the following excerpt my interventions were aimed at exploring her reactions to not being able to attain her fantasy.

- P. I couldn't stand it when things didn't go well. I wouldn't. I'd get angry, all right; we'd fight, and I'd stalk out, but after a couple of days I'd start pretending nothing had happened.
- T. Your reactions when things didn't go well?
- P. As I said, I'd get angry and stalk out
- T. But how would you feel after stalking out?
- P. . . . Oh, it was terrible. I couldn't stand it. I felt—I don't know—embarrassed. I felt everyone would know things weren't going well between Bill and me. I wouldn't be angry. I couldn't stand not being with him.
- T. You couldn't stand him not being your prince.
- P. That's right. He had to be my prince. I'd do anything. I just felt . . . so . . . nothing without him. Toward the end, I was desperate. It wasn't working out. There was nothing I could do. I felt so bad! I'd cry all the time.

- T. So desperate and sad when you couldn't make Bill into your prince.
You were embarrassed, as if there was something wrong with you.
- P. Everyone would see.

Thus Miss Gaynor felt helpless and depressed when she could not make Bill measure up to her fantasy. She reveals his function as a self-object in her embarrassment over this failure, as if part of her had failed for all to see. Note that Miss Gaynor does not seek out men on whom she could form a dependent, object-related relationship. Rather, she seeks out one with the particular characteristic, a flaw, which enables her to establish a narcissistic relationship and to use him as a self-object. Furthermore, simply expressing aggression toward Bill did not alleviate her depression, indicating the narcissistic quality of the relationship. Her depression could only be alleviated by the re-establishment of the relationship and the prince-princess fantasy.

In the concluding excerpt we begin to explore the genetic determinants of the narcissistic fantasy. Although the fantasy of the idealized object was multidetermined, the excerpt to be presented illustrates the basis for the narcissistic injury in her initial displacement as the center of attention by her baby brother.

- P. I'm jealous. I feel sad, and I'm angry at you. I don't like the intermediate class (*an acting class*). I'm afraid I won't do it right. I'm going back to the beginner's class, the baby class. Oh, I never thought of it that way. . . . You prefer Bob to me (*Bob referred Miss Gaynor*). I know you do. Well, he needs more help; he's sicker than I am. . . . Bob reminds me of my brother. They're both sick in different ways.
- T. What about my preferring Bob to you because he is sicker?
- P. I don't know. What about it? . . . Well, it's just like me and my brother. He needed more so I got less. How can I be the perfect couple with Bob. It was easier with Bill. You know how silly it is. At least, it was more realistic with Bill. I'm getting more desperate, trying to be the perfect couple with Bob. It was easier with Bill. We were the perfect couple. I was nothing without him, but I couldn't keep him. I'll never get it right. I'll never fix it.
- T. To win Bill or Bob, flawed men who remind you of your brother, is to fix it, to win it back. To become, again, the favorite?
- P. Yes, it doesn't make sense, but that's true. I'm trying to fix something. . . . (*She starts to weep.*) . . . I'll never fix it; it's hopeless.

Here Miss Gaynor has begun to realize that there is a connection

between her early relationship with her brother and her relationship with her suitors, and that winning them stems from a need to fix something. Note the lack of an object-related, anaclitic relationship here. Rather, these men have value for their reparative function.

In the concluding segment Miss Gaynor begins to realize that her brother's birth meant that she was flawed, and that she tried to undo this flaw and regain the center of attention by reuniting with her brother.

- P. I never realized that before. Winning these men is winning my brother. It means I'm o.k. They're my princes. Was my brother a prince? He became the favorite. . . . I'm really not aware of me with these men. I'm all for them. When they feel good, so do I.
- T. You feel as they feel; you are seen as they are seen; you are as they are.
- P. With them I'm a princess. Without them I'm nothing. . . . Oh, my. . . . I'm confused.
- T. By becoming a part of these princes you fix it. Through these baby brother-men-Princes, you reacquire the center of attention, the perfection you felt you lost when your brother was born.
- P. (*Patient begins to weep.*) Yes, I must have felt there was something wrong with me. I can live again, I can be whole, through my brother.

Thus through the merger with her baby brother, the new prince of the home, Miss Gaynor repaired the narcissistic injury. Incidentally, in a previous session Miss Gaynor realized that she had long had the guilty belief that her hateful feelings, expressed both in fantasy and in actuality through pinching, had caused her brother's polio. Not only was the flawed man symbolic of her brother, then, but, in her attempts to repair the flaw, he represented an additional reparative submission to her guilt. In turn this theme led to castration fantasies.

An Example of an Object-Related Depression

GENETIC DEVELOPMENT. Mr. Janson is a thirty-three-year-old man whose presenting complaints involved a series of debilitating physical symptoms, which included dizziness, extreme fatigue, fuzzy vision, poor coordination, and lower-back pains. It seems clear, three years into the therapy, that whether the etiology of the symptoms was neurogenic or psychogenic, their onset was psychogenically determined. The stimulus for the onset of the symptoms was one which evoked a fear of object loss and abandonment (Wallace¹⁰).

Mr. Janson's early memories gravitate around anger, both his own and his parents'. Vivid early memories of parental fights still evoked anxiety in him and, as children often do, he felt "somehow" responsible. He remembers at age six hiding in the closet of his room when his parents were fighting. There he would weep and refuse their urgings to come out.

Mr. Janson had an older brother who took repeated advantage of him. Yet he felt unable to express anger toward him for fear that the brother, the only family member from whom he experienced any love, would leave. Interestingly, after his brother left for college, the patient could feel quite angry with him. Apparently he suppressed his anger to retain this object tie but, when the tie was physically broken, the patient then felt free to be angry; he had less to lose.

This genetic history is markedly different from Miss Gaynor's. While Mr. Janson was concerned with maintaining his relationship with his brother, Miss Gaynor's focus was on her attempts to repair her devalued view of herself.

PRECIPITATING EVENT. As with Miss Gaynor, the stimulus for Mr. Janson's depressive reaction was a situation in which he felt helpless. Miss Gaynor's helplessness reflected her inability to regain or maintain a narcissistic fantasy. Mr. Janson's stimulus was a situation in which he felt unable to express aggression for fear of the destruction of an anaclitic object relationship. Subsequent to such an incident, the patient would feel weak, helpless, and hopeless. At times this sequence would occur in therapy. Unbeknownst to the therapist, the patient was occasionally angry at him. Invariably he would either miss the next session or come with physical complaints. Exploration of his fantasies revealed fears of losing control and destroying the therapist's office or fears that the therapist would stop caring for him and would commit him to an institution for the criminally insane.

CLINICAL INTERVENTIONS. In the analysis of Miss Gaynor's narcissistically based depression, although the appropriate expression of anger was, at times, an adjunctive issue, the primary focus was on the helplessness accompanying her inability to feel merged with a narcissistic object choice. Her depression was alleviated and self-esteem elevated by exhuming and examining the unconscious reasons for the fantasy, thereby bringing the reality principle to bear for secondary-process correction. The depression was not alleviated by helping her realize the fantasy.

In the analysis of an object-related depression like Mr. Janson's, the focus is on the conflicts around the patient's expression of aggression. This type of depression is alleviated and self-esteem elevated by exploring the fantasies around object loss attendant upon the expression of aggression, which will lead to greater freedom in an appropriate expression of aggression.

The first excerpt illustrates how Mr. Janson dealt with his aggression toward the therapist.

- P. Sorry I missed yesterday. I was so tired. When I got up yesterday, some of my old symptoms were back. I couldn't balance myself properly; my hands weren't coordinated. Seems like it's getting harder and harder to get here. . . . I'm not as afraid not to come as I used to be. Oh, what a day! (*Sigh*) Oh Damn, I feel so . . . shit.
- T. How did you feel not coming?
- P. That I didn't have to if I didn't feel well. . . . Stronger but worried. Would you be angry? I didn't want to come here or work.
- T. They're the same for you.
- P. In a way they are. I didn't want to do either. I'm forced to do both.
- T. Forced?
- P. . . . Yes. . . .
- T. By whom?
- P. . . . You. I know it's irrational, but they're both connected in my mind. . . . I . . . blame you for my going back to work. . . . That's why I didn't come yesterday, here or work. I was angry at you Tuesday. I blame you for having to work.
- T. You were angry and didn't come, and today you're almost incapacitated by your symptoms.
- P. You think they're related, huh . . .? Instead of getting angry, I didn't come, and got the symptoms too?
- T. You're afraid of getting angry at me. So you either don't come or incapacitate yourself, as if to say, "I'm helpless. I won't hurt you. Feel sorry for me. You have nothing to fear from me."
- P. Oh, yeah? Well, I don't like it if that's why I get them. I feel so damn paralyzed, like I can't do anything. . . . I'm seeing an image of myself as a baby in a crib. I'm sure it's me. A helpless baby yelling for its mother, but she doesn't come. Pretty soon it stops crying. No one's gonna come anyway, so why yell?

The therapist's interventions were meant to clarify the patient's feelings around aggression and point out that the patient feels helpless at his inability to express aggression toward the therapist. The helplessness manifested itself in the patient's fatigue and discouragement

and, physically, in his incapacitating symptoms, which remind him of an uncoordinated baby.

In the next excerpt the patient explored his fantasies of being a helpless baby crying for his mother and being abandoned for showing anger.

- P. I keep on having an image of myself as a baby lying in a crib. I'm calling for my mother, but she doesn't come.
- T. The feeling of her not coming?
- P. I shouldn't yell. Maybe I made her angry because I yelled too much. She went away because I yelled. She got angry at me. That's strong, a strong impression. My mother left because I yelled and got angry. I was a bad baby.
- T. So you got angry at your mother and she left. You must be afraid that if you get angry with me, then I'll leave.
- P. Yeah. You'll either leave or put me in an institution.
- T. Well, we know you were abandoned, the police did come for you and your brother, and kept you until your mother returned. You still feel, here, as if you're a helpless baby, and I might abandon you if you get angry.

The aim of the therapist's interventions with Mr. Janson was to relate his sense of helplessness and inhibited aggression to his childhood fantasy that his mother abandoned him because he was angry at her, and to show him that he still operated under that myth, the myth that she did abandon him for that reason and that he still experienced himself as a dependent baby who could not survive without his mother.

SUMMARY

This paper has focused on the sense of helplessness as an essential component of a depressive reaction. By inference, a sense of mastery and ability to achieve goals seems essential for a sense of well-being. Both patients presented here revealed infantile fantasies that hampered their exercising this mastery, and the path to well-being was the analysis of these fantasies.

The treatment plans differed, though, in the locus of the fantasies. In an object-related depression such as Mr. Janson's, the fantasy involved the inhibition of functioning—that is, the inability to express aggression—and the treatment aimed at removing the inhibition.

In a narcissistic depression such as Miss Gaynor's, the helplessness was not due to inhibited functioning per se. Rather, her goals were unrealistic, unattainable, and based on unconscious fantasies. Here the aim of treatment was the development of more reality-adapted and attainable objectives and the concomitant internalization of a more realistic sense of her own worth. Thus the common denominator in both depressive reactions was a sense of helplessness, and the path toward increased self-esteem was by way of the development of a sense of mastery and competence.

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